Approved for use through 123 12000 (1914).

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| | | | | | _ | | |
|--|--------------------------------------|------------------------|------------------|---|----|--|--|
| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | | |
| I hereby appoint: | | | | | | | |
| ☑ Practitioners associated with Customer No. | 23,446 | | | | | | |
| OR | | | | | | | |
| Practitioner(s) named below (if more than | | oners are to be name | d, then a custom | ner number must be used): Registration | | | |
| Name | Registration Number | | | Number | | | |
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| as attorney(s) or agent(s) to represent the unit connection with any and all patent applications or assignment documents attached | atlons assigned o | nly to the undersign | ned according to | demark Office (USPTO) the USPTO assignment | ż | | |
| Disease the communication address | for the application | identified in the atta | ched statement u | under 37 CER 3 73(b) to: | _ | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | | | |
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| OR | | | | | | | |
| Firm or Individual Name | | | | | | | |
| Address | | | | | | | |
| City | | State | | Zip | | | |
| Country | | | | | | | |
| Telephone | | | Email | | | | |
| | | - | | | | | |
| Assignee Name and Address: | - | | | | _ | | |
| Broadcom Corporation 5300 California Avenue | | | | | | | |
| Irvine, CA 92617 | | | | | | | |
| | | | | | | | |
| A copy of this form, together with a statemen | nt under 37 CFR | 3.73(b) (Form PTO/ | SB/96 or equiva | lent) is required to be file | ed | | |
| In each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must | | | | | | | |
| identify the application in which this Power of Attorney is to be filed. | | | | | | | |

| SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | | |
|--|---|-----------|----------------|---|--|--|--|
| Signature | Hendre | Date | 8/24/17 | 9 | | | |
| Name | Dee Henderson | Telephone | (949) 926-5000 | | | | |
| Title | Senior Manager Intellectual Property Administration | | | | | | |

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